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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) D2025/20064					
I hereby declare that: Each inventor's residence, mailing address and difficunship are stated below text to their name. I believe the inventors named below to be the original and that inventority of the states resident which is described and claimed in patent number 3, 7,32,711 entered and original many or granted. March 3, 1, 1998 and for which a relative patent is sought on the invention entited Body Function Measuring Apparatus						
the specification of which						
□ is attached hereto.  □ was filed on March. 30, 2000 as refessue application number 09/539,096						
and was amended on <u>4/5/06</u> , 7/9/07 (If applicable)						
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56,						
If hereby claim foreign priority benealts under 36 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.						
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Chack all boxes that apply.)						
by reason of a defective specification or drawing.						
x by reason of the patentee claiming more or less than he had the right to claim in the patent.						
by reason of other errors.						
At least one error upon which reissue is based is described below, if the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:						
We at least claimed less than we had a right to claim in patent number						
5,732,711 by including in said patent Claim 1 a specific type of						
temperature sensor.						

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PTO/SB/51 (09-07)

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Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) D2025/20064 All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. Note: To appoint a power of attorney, use form PTO/SB/81. Correspondence Address: Direct all communications about the application to: The address associated with Customer Number: 03000 OR Firm or Individual Name Address City Zip Country Telephone WARNING: Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Joseph F. Fitzpatrick Inventor's signature 12/2608 1 Ø Residence Citizenship warminster. Mailing Address 694 Spruce Road Warminster, PA 18974 Full name of second joint inventor (given name, family name) Anthony C. Romano Inventor's signature Coopersburg. Mailing Address 7888 Bell Gate Road Coopersburg, PA 18036 Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Name of Additional Joint Inventor, if an	· I	☐ A net	lition t	nas been filed for this u			
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Inventor's Signature				Date			
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This collection of information is required by 35 U.S.C. 115	and 37 CFR 1,63. 1	The information is	s requi	red to obtain or retain a b	enefit by	the public which is to file	

This collection of information is required by \$5 U.S.C. 115 and \$7 CPR 1.83. The information is required to obtain or retain a benefit by the public which is to file and by the USPT to processal year policion. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CPR 1.13 and 1.14. This collection is estimated to late 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the inclinication acea, Any comments on the amount of time pour require to complete bits form and/or suggestions for malong this burden, should be serie to the Child information Officer, U.S. Department of Commence, P.O. Box 1459, Alexandria, VA 2231-1459, DO NOT SEND FEES CR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 2231-1459, DO NOT SEND FEES CR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 2231-1459, VA 2231-1459.